

# Provation<sup>®</sup> MD Gastroenterology

## Procedure Documentation Software



- Creates a structured, compliant and easily retrieved electronic note for each procedure
- Comprehensive medical content built by the Provation in-house physician team
- Based on physician entries, CPT<sup>®</sup>, ICD-9 and ICD-10 codes and CCI edits are automatically generated
- Streamlines ICD-10 transition with timely delivery of new code sets and medical content; supports dual coding functionality

- Drives structured and compliant data capture paired with robust reporting and analysis
- Allows for capture and submission of appropriate PQRS measures, and GI Quality Indicators, including electronic GIQuIC submission
- Instantly and automatically prepares Patient Letters, Referring MD Letters, CC: Letters, Patient Recall Letters, Post-Op Orders, Patient Instructions, Pathology Requests, Pathology Results Reports and Pathology Follow-up Letters
- Interfaces with endoscopes and other image capture equipment to enable photo documentation in the procedure note

## Rich Medical Content Includes:

- Colonoscopy
- Upper GI Endoscopy
- ERCP
- Flexible Sigmoidoscopy
- Upper EUS/Lower EUS
- Enteroscopy (SBE)
- Device-Assisted Enteroscopy (Upper/Lower, with and without Fluoroscopy)
- Anorectal Manometry
- Anoscopy
- Post-Surgical Lower GI Endoscopy (Ileoscopy, Pouchoscopy, Hartmann Pouch)
- Esophageal BRAVO pH Capsule
- Esophageal Manometry, High Resolution
- Esophageal pH Probe
- Esophageal pH and Impedance
- Helicobacter Pylori Breath Test
- Video Capsule Endoscopy
- Dilatation
- Endoscopic Feeding Tube Placement, Exchange, Removal
- Liver Biopsy
- Paracentesis
- Pediatric Colonoscopy
- Pediatric Upper GI Endoscopy
- Pediatric Rectal Suction Biopsy

# CAPTURE EVERYTHING. MISS NOTHING.



Inbound  
Scheduling &  
Demographics

Comprehensive  
Medical Content

Medical  
Images

**provision**  
Provision MD Procedure Note Sample: Gastroenterology - Colonoscopy

sample note begins

<b>Patient Name:</b> Sample Procedure	<b>MRN:</b> 455980000
<b>Date of Birth:</b> 12/12/1949	<b>Admit Type:</b> Outpatient
<b>Age:</b> 65	<b>Gender:</b> Female
<b>Procedure Date:</b> 9/28/2015	

**Providers:** Demonstration Doctor, MD  
**Referring Provider:** Demo Doctor II, MD  
**Exam Type:** Colonoscopy

**Indications:** Hematochezia, Personal history of colonic polyps  
**Medications:** Metaxolam 2 mg IV, Fentanyl 100 micrograms IV  
**Complications:** No immediate complications.

**Procedure:**  
**Pre-Anesthesia Assessment:**  
- Prior to the procedure, a History and Physical was performed, and patient medications and allergies were reviewed. The patient's tolerance of previous anesthesia was also reviewed. The risks and benefits of the procedure and the sedation options and risks were discussed with the patient. All questions were answered, and informed consent was obtained. Prior Anti-coagulation: The patient has taken no previous anticoagulant or antiplatelet agents.  
**ASA Grade Assessment:** I - A normal, healthy patient. After reviewing the risks and benefits the patient was deemed in satisfactory condition to undergo the procedure. After I obtained informed consent, the scope was passed under direct vision. Throughout the procedure, the patient's blood pressure, pulse, and oxygen saturations were monitored continuously. The colonoscope was introduced through the anus and advanced to the cecum, identified by appendiceal orifice and ileocecal valve. The colonoscopy was performed without difficulty. The patient tolerated the procedure well. The quality of the bowel preparation was

**Findings:**  
A benign appearing sessile polyp was found in the rectum. The polyp was 5 mm in size. It was removed with a hot snare. Resection and retrieval were completed. Estimated blood loss was minimal. A pedunculated polyp was found in the sigmoid colon. The polyp was 7 mm in size. The polyp was removed with a hot biopsy forceps. Resection and retrieval were complete. Estimated blood loss was minimal. Multiple large-mouthed diverticula were found in the descending colon. Non-bleeding prolapsed internal hemorrhoids were found during retroflexion and were Grade I hemorrhoids that prolapse but reduce spontaneously. The exam was otherwise without abnormality.

**Procedure Images:**

**Recommendation:**  
- High fiber diet.  
- Await pathology results.  
- Repeat colonoscopy in 3 years for surveillance.  
- The findings and recommendations were discussed with the patient.

**Procedure Code(s):**  
- Professional - 45385, Colonoscopy, flexible, with removal of tumor(s), polyp(s), or other lesion(s) by snare technique  
45384, 59, Colonoscopy, flexible, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps

**Diagnosis Code(s):**  
- Professional - D12.5, Benign neoplasm of sigmoid colon  
K62.1, Rectal polyp  
K64.1, Second degree hemorrhoids  
K37.30, Diverticulosis of large intestine without perforation or abscess without bleeding  
K62.1, Melaena  
Z86.010, Personal history of colonic polyps

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*Dr. Sample Signature*  
Demonstration Doctor, MD  
9/28/2015 11:19:08 AM  
This report has been signed electronically.

Printed 2015. Codes subject to change based on quarterly/annual CPT/ICD/CCI changes.

Sample note ends: all patient information used in this procedure note sample is fictional. Any resemblance to actual persons, living or dead, is purely coincidental.

**provision**  
800 Washington Avenue North | Suite 400 | Minneapolis MN 55401 | provisionmedical.com | 888.952.6673 | 612.313.1500  
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CPT/ICD Codes &  
CCI Edits Driven By  
Medical Content

Outbound Results  
and Codes

